



**Standard Application Form for
New or Expanding Small Swine Facilities**
(500,000 lbs or less normal production live weight)
Please Type or Print

Section 1 – FACILITY INFORMATION

DATE _____ FACILITY NUMBER _____ND_____

NEW _____ OR EXPANDING _____ FACILITY

IF EXPANDING: PERMIT NUMBER _____ DATE ISSUED _____

FARM NAME _____

COUNTY _____ COMMUNITY _____

LOCATION _____

IS THIS FARM PLANNING TO BE A CONTRACT GROWER WITH AN INTEGRATOR? YES or NO

NAME OF INTEGRATOR _____

DOES THIS FACILITY COMPLY WITH THE INTEGRATORS 3-YR GROWTH PLAN? YES or NO

Section 2 – CONTACT INFORMATION

PERMIT APPLICANT _____

ADDRESS _____

PHONE NUMBER (WORK) _____ (HOME) _____ (CELL/BEEPER) _____

ARE YOU THE PROPERTY OWNER OF RECORD? YES or NO IF NO, PROVIDE INFORMATION:

PROPERTY OWNER OF RECORD _____

ADDRESS _____

PHONE NUMBER (WORK) _____ (HOME) _____ (CELL/BEEPER) _____

OPERATOR'S NAME _____

ADDRESS _____

PHONE NUMBER (WORK) _____ (HOME) _____ (CELL/BEEPER) _____

PLAN PREPARER _____

TITLE/SC REGISTRATION NUMBER _____

ADDRESS _____

PHONE NUMBER (WORK) _____ (FAX) _____ (CELL/BEEPER) _____

Section 3 – ANIMAL TYPES & NUMBERS

AVERAGE ANIMAL LIVE WEIGHT = $\frac{\text{average exit weight}}{2} + \frac{\text{average entry weight}}{2} = \frac{(\quad)}{2} + \frac{(\quad)}{2} = \quad$ pounds

Type(s) of Animals	Maximum # of Animals (at any one time)	Normal Production Live Weight (pounds)	Total Manure (tons/yr or gal/yr)	Manure to Treatment System	Additional Scraped Solids or Compost	Acres for Land Application

Section 4 – MANURE HANDLING & TREATMENT

MANURE HANDLING: DRY or WET

TREATMENT PROPOSED _____

ARE YOU LAND APPLYING THE MANURE? YES or NO

IF YES, DO YOU OWN ALL OF THE MANURE UTILIZATION AREAS? YES or NO

CONTRACT DISPOSAL OF SOLIDS WITH BROKER? YES or NO

NAME OF BROKER _____

IS INNOVATIVE OR ALTERNATIVE TECHNOLOGY BEING PROPOSED FOR THIS FACILITY? YES or NO

ARE YOU APPLYING FOR EXCEPTIONAL QUALITY COMPOST QUALIFICATION? YES or NO

NUMBER OF GROUNDWATER MONITORING WELLS PROPOSED _____

VOLUME OF LAGOON OR STORAGE POND (if applicable) _____ cubic feet

NUMBER OF HOUSES/GROWING AREAS: Existing _____ Proposed _____

ARE YOU A TRAINED MANURE MANAGER? YES or NO TRAINING DATE _____

Section 5 – FACILITY SEPARATION DISTANCES

SEPARATION DISTANCES:	ANIMAL GROWING AREA		TREATMENT/STORAGE SYSTEM	
	Required	Actual	Required	Actual
POTABLE WELLS	200 feet		500 feet	
POTABLE WELLS OWNED BY THE APPLICANT	50 feet		100 feet	
WATERS OF THE STATE (excluding ephemeral & intermittent streams)	100 feet		500 feet**	
OUTSTANDING RESOURCE WATERS, CRITICAL HABITATS FOR ENDANGERED SPECIES, SHELLFISH HARVESTING	100 feet		1320 feet	
EPHEMERAL OR INTERMITTENT STREAMS	100 feet*		100 feet*	
DITCHES OR SWALES (drain to ephemeral or intermittent streams)	50 feet*		50 feet*	
DITCHES OR SWALES (drain to waters of the state)	100 feet*		100 feet*	
PROPERTY LINE (250,000 lbs or less) (can be reduced or waived with written consent)	200 feet		300 feet	
PROPERTY LINE (250,001 lbs – 500,000 lbs) (can be reduced or waived with written consent)	400 feet		600 feet	
OCCUPIED PERMANENT RESIDENCE (can be reduced or waived with written consent)	1000 feet		1000 feet	

*distance may be reduced if a vegetative water quality buffer that meets NRCS guidelines is installed and maintained.

**distance reduced to 200 feet if a design is implemented to prevent manure from entering waters of the state in the event of a structural failure.

Section 6 – MANURE UTILIZATION AREA SEPARATION DISTANCES

For more fields please make copies of this page and add as additional sheets.

SEPARATION DISTANCES:	Tract #→							
	Field #→							
POTABLE WELL	200 ft							
WATERS OF THE STATE LOCATED	100 ft							
EPHEMERAL & INTERMIT. STREAMS	100 ft*							
DITCHES (drains to streams)	50 ft							
DITCHES (drain to waters of the state)	100 ft							
RESIDENCE	300 ft**							

MANURE UTILIZATION AREA TABLE CONTINUED:

SEPARATION DISTANCES:	Tract #→							
	Field #→							
POTABLE WELL	200 ft							
WATERS OF THE STATE LOCATED	100 ft							
EPHEMERAL & INTERMIT. STREAMS	100 ft*							
DITCHES (drains to streams)	50 ft							
DITCHES (drain to waters of the state)	100 ft							
RESIDENCE	300 ft**							

*Reduced to 75 ft for incorporated manure, and 50 ft for injection or incorporation within 24 hours.

**If method of application is injection or immediate incorporation, then manure may be spread to the property line. All residence setbacks may be reduced by consent of the owner of the residence.

Section 7 – PERMIT APPLICATION SUBMITTAL REQUIREMENTS

SUBMITTAL PACKAGE SHOULD INCLUDE 2 COPIES OF THE FOLLOWING ITEMS (CHECK EACH ONE SUBMITTED):

- _____ 1. ORIGINAL APPLICATION (and 1 copy of the original)
- _____ 2. SWINE FACILITY MANAGEMENT PLAN
 - a. Swine Manure Management System Description
 - b. Design Calculations and Construction Details for treatment/storage structure, including exact location and design information.
 - c. Concentration of Manure Constituents
 - d. Crop Management Plan (including contracts for each field not owned by the applicant, field owner's name and contact information)
 - e. Type of Waste Transport/Spreading Equipment (if applicable)
 - f. Spray Application System Specifications and Details (if applicable)
 - g. Manure Utilization Area Information and Maps
 - h. Soils Information (maps & descriptions)
 - i. Location maps (showing facility, treatment/storage structure, and all fields)
 - j. Copy of Tax Map (identifying all adjoining property owners within 1320 feet of the facility with names & addresses)
 - k. 100 year floodplain locations (facility may not be located in the 100-year floodplain)
- _____ 3. GROUNDWATER MONITORING WELL PROGRAM & DETAILS (if applicable)
- _____ 4. ODOR ABATEMENT PLAN
- _____ 5. VECTOR ABATEMENT PLAN
- _____ 6. PRIMARY METHOD OF DEAD ANIMAL DISPOSAL: _____
- _____ 7. ALTERNATIVE METHOD OF DEAD ANIMAL DISPOSAL FOR EXCESSIVE MORTALITY: _____
- _____ 8. SOIL MONITORING PLAN
- _____ 9. PLANS & SPECIFICATIONS FOR ALL OTHER TREATMENT OR STORAGE STRUCTURES (composter, stacking shed, etc...)
- _____ 10. NOTICES OF INTENT FROM ALL PROPERTY OWNERS WITHIN 1320 FEET OF THE FOOTPRINT OF THE FACILITY
- _____ 11. EMERGENCY PLAN
- _____ 12. CONTRACTS FOR CONTRACT DISPOSAL OF DEAD ANIMALS OR MANURE (if applicable)
- _____ 13. WRITTEN CONSENT FOR WAIVING OR REDUCING SETBACKS (if applicable)
- _____ 14. ALTERNATIVE TECHNOLOGY PROPOSAL (if applicable): Specifications, and a detailed report including purpose and expected benefits.
- _____ 15. APPLICATION FEE: See instructions on the back of this page for amount.
- _____ 16. ANNUAL OPERATING FEE: See instructions for amount (first year's fee must be submitted before permit is issued).

Section 8 - CERTIFICATION

I HEREBY CERTIFY THAT ALL OPERATIONS, MAINTENANCE AND ASSOCIATED ACTIVITY PERTAINING TO THIS SITE SHALL BE ACCOMPLISHED PURSUANT TO AND IN KEEPING WITH THE TERMS AND CONDITIONS OF THE APPROVED PLANS. I HAVE READ THIS APPLICATION AND AGREE TO THE REQUIREMENTS AND CONDITIONS THAT ARE CONTAINED WITHIN. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I HEREBY GRANT AUTHORIZATION TO THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL THE RIGHT OF ACCESS TO THE SITE AT ALL REASONABLE HOURS FOR THE PURPOSE OF SAMPLING AND ON SITE INSPECTIONS.

Printed Name /Owner or Leasee

Signature/Owner or Leasee

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE DESIGN IS CONSISTENT WITH THE REQUIREMENTS OF TITLE 48, CHAPTER 1 OF THE 1987 SC CODE OF LAWS, AND PURSUANT REGULATION 61-43 AND APPROPRIATE NRCS STANDARDS.

Printed Name/Plan Preparer

Signature/Plan Preparer

APPLICATION INSTRUCTIONS – Small Swine Facility Permit

Purpose: This form must be completed as part of an application package submitted for DHEC approval of proposed NEW and EXPANDING agricultural small swine facilities. The required items should be checked to ensure that a complete administrative package has been submitted. If a complete administrative package is not submitted, the entire project may be returned.

Item by Item Instructions: Section 1 - Facility Information. *Date:* Enter the date of application. *Facility Number:* Leave blank, Department staff will assign a facility number. *New or Expanding Facility:* If this application is for an existing facility that has previously obtained an agricultural swine facility permit from DHEC, then indicate by checking EXPANDING or NEW for a new facility. If EXPANDING, provide the following: *Permit Number;* Provide the permit number for the permitted facility, and *Date Issued;* Provide the date on which DHEC issued the permit. *Farm Name:* Give the name of the proposed agricultural animal facility. *County:* Give the county in which the proposed facility is to be located. *Community:* Give the name of the community in which the proposed facility is to be located. *Location:* Give directions to the proposed facility from the nearest town or state road. *Integrator Information:* Circle YES or NO to indicate whether this farm will be under contract with an integrator or integrating company. Provide the Name of the Integrator for this facility. Circle YES or NO to indicate whether this facility is in compliance with the Integrator's 3-yr growth plan required under the Integrator Registration Program. The Integrator should provide this information to the applicant.

Section 2 - Contact Information. *Permit Applicant:* Enter the name, address and phone numbers for the person who is applying for the permit. Circle YES or NO to indicate whether the permit applicant is the property owner of record. *Property Owner of Record:* Enter the name, address and phone number of the person who legally owns the property on which the proposed agricultural animal facility is to be located. *Operator:* Enter the name, address and phone number of the person who will be responsible for the daily operation of the proposed facility. *Plan Preparer:* Enter the name of the plan preparer. *Title/SC Registration Number:* Enter the title and SC registration number (if applicable) of the person responsible for the design of the Animal Facility Management plan. *Address, Phone Number:* Enter the business address and phone numbers for the plan preparer.

Section 3 – Animal Types & Numbers. *Average Animal Live Weight:* Calculate the average weight of one animal unit by taking the average exit weight plus the average entry weight and divide by two. *Type of Animal Operation:* Indicate the type of animal proposed to be grown at this facility (i.e. sows, nursery pigs, finishing, etc...). *Maximum # of Animals (at any one time):* Indicate the maximum number of each type of swine at the facility at any one time. *Normal Production Animal Live Weight (lbs):* The maximum number of swine at the facility at any one time multiplied by the average animal live weight of those swine. *Total Manure Produced (tons/year or gal/year):* The total amount of manure produced by the animals in the span of one year. This amount should be represented in tons per year for dry manure and in gallons per year for wet manure. *Manure to Treatment System:* Provide the amount of manure or wastewater that is conveyed to a treatment system (if applicable). *Additional Scraped Solids or Compost:* Provide the amount of manure or solids that may be scraped at the barn, rather than conveyed to the treatment system. Or provide the amount of compost produced at a facility (if applicable). *Acres for Land Application:* The value here should be the number of acres available, that you would like to designate as manure utilization areas.

Section 4 – Manure Handling & Treatment. *Manure Handling:* Circle DRY or WET to indicate the type of manure handling for this operation. *Treatment Proposed:* Describe the type of manure treatment being proposed at the facility. *Land Application:* Circle YES or NO to indicate whether the manure will be land applied. *Owner of Manure Utilization Areas:* Circle YES or NO to indicate whether the permit applicant owns all of the manure utilization areas. If the applicant does not own all of the manure utilization areas, then owner information must be provided for each manure utilization area in the Animal Facility Management Plan. *Manure Broker:* Circle YES or NO to indicate whether a manure broker will be used for contract disposal of solids from this facility and provide the name of the broker to be used (if applicable). *Treatment Technology:* Circle YES or NO to indicate whether innovative and alternative technology is being proposed for this facility. *Exceptional Quality Compost:* Circle YES or NO to indicate whether you are applying for the manure treated at your facility to qualify as exceptional quality compost (must meet product quality standards outlined in Part 300 of R.61-43). *Number of Groundwater Monitoring Wells:* Provide the number of groundwater monitoring wells that are proposed for this facility. *Volume of Lagoon or Storage Pond:* Provide the volume area of the proposed lagoon or storage pond. If more than one lagoon or storage pond is utilized, please provide the volume of each structure separately. *Number of Houses:* Indicate the number of existing and proposed houses that will be located on this property (All houses located on the same property tract must be considered one facility). *Trained Manure Manager:* Circle YES or NO to indicate whether the operator of the proposed facility has attended the certified manure manager's training and certification class conducted by Clemson Extension Service. Indicate the date on which the certification or training was obtained.

Section 5 – Facility Separation Distances. *Separation Distances:* This table outlines the required setbacks for the barns, lagoons, manure storage ponds or manure treatment systems. Enter the actual separation distance for the proposed facility in the appropriate spaces.

Section 6 – Manure Utilization Area Information. This table outlines the required setbacks for manure utilization areas. Enter field identification information, tract number, field number, and the actual separation distances for each manure application field in the appropriate spaces. Make copies of this section if you need additional tables for the field information.

Section 7 – Permit Application Submittal Requirements. Check each item that is being submitted as a part of this application. All items under Section 7 should be submitted to DHEC for review. In accordance with the **Environmental Protection Fee Reg. 61-30**, an application fee is required for submitting an Application for agricultural animal facilities. There is a requirement that DHEC meet certain time frames when processing permit applications. The "DHEC Time" is not the total time but rather it is the time that DHEC spends working on an application after a complete package is received. "DHEC Time" does not include the time an applicant takes to supply any information that may be requested by DHEC. The fees and time frames are as follows:

Agricultural Permit Application Fees

Facility Type

	DHEC Time	Fee
Small Swine Facilities (500,000 lbs or less)	90 days	\$340

Note: Make **CHECKS** payable to SC DHEC/Bureau of Finance.

Regulation R61-30 also authorizes DHEC to assess annual environmental operating permit fees for certain permits. All new facilities must submit payment for the first years operating fee before the permit to construct is issued. The operating fee is \$150 per year for small swine facilities.

Section 8 – Certification. For this section, please read the certification statements and have the appropriate person(s) sign the certification.

DHEC Processing Procedures:

Two (2) copies of the submittal package are submitted to DHEC. After Permitting, DHEC files the original in the main project file, located in DHEC's central office. DHEC sends a copy of the approved package to the appropriate EQC District Office.